

UNITED STATES DISTRICT COURT
for the

District of Nevada

HEATHER HILLBOM, individually and on behalf of
all others similarly situated

Plaintiff(s)

V

R1 RCM, INC.; and DIGNITY HEALTH
d/b/a DIGNITY HEALTH - ST. ROSE DOMINICAN
HOSPITAL - ROSE DE LIMA CAMPUS

Civil Action No.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* R1 RCM, INC.
433 W. ASCENSION WAY, SUITE 200
MURRAY, UT 84123

AGENT FOR SERVICE: C T CORPORATION SYSTEM
701 S CARSON ST STE 200
CARSON CITY, NV, 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gustavo Ponce, Esq.

Mona Amini, Esq.

KAZEROUNI LAW GROUP, APC

6787 W. Tropicana Avenue, Suite 250

Las Vegas, Nevada 89103

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))***

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____,
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0 _____.

I declare under penalty of perjury that this information is true.

Date: _____

*Server's signature**Printed name and title**Server's address*

Additional information regarding attempted service, etc: